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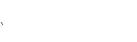
REISSUE PATENT APPLICATION TRANSMITTAL										
Assistant Commissioner for Patents Box Reissue Washington, DC 20231 APPLICATION FOR REISSUE OF: (Check applicable box) APPLICATION ELEMENTS (37 CFR 1.173) 1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification and Claims in double column copy of patent format (amended, if appropriate) 4. Drawing(s) (proposed amendments, if appropriate)	Attorney Docket No. First Named Inventor Original Patent Number Original Patent Issue Date (Month/Day/Year) Express Mail Label No. Design Patent Plant Patent ACCOMPANYING APPLICATION PARTS 10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55)									
Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Power of Attorney Original U.S. Patent currently assigned? Written Consent of all Assignees (PTO/SB/53) 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) CD-ROM or CD-R in duplicate, Computer Program (Appendix or large table Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); or ii paper C. Statements verifying identity of above copies	12. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 14. English Translation of Reissue Oath/Declaration (if applicable) 15. Preliminary Amendment 16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Letter									
18. CORRESPONDENCE	ADDRESS									
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City Garden City State	New York Fax 516 742-4366									
Country Telephone	516 742-4343									
NAME (Print/Type) Mark J. Cohen	Registration No. (Attorney/Agent) 32,211									

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	(C)		1		ndependent claims (37 CFR 1.16(i))	(D)	1		0	=	x\$	42	=	\$0		x\$	84	=		\$0
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	Total Filing Fee \$370 \$740														\$740					
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					(1) Claims Remaining		(2) Highest Nur	y ((3) Extra	Small En			ntity		Other than a		an a	a Small Entity	
					After Amendment		Previous Paid Fo		Claims Present		Rate	•	Fee	Fee		Rate		Fee		
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* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. 19-3886/RCT in the amount of \$740 A duplicate copy of this sheet is									·											
	The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No.19-3886/RCT A duplicate copy of this sheet is enclosed.																			
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Mark J. Cohen																				
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CERTIFICATE OF MA Applicant(s): Harol Kohn	Docket No. REI10030				
Serial No.	Filing Date	Examiner	Group Art Unit		
US Patent 5,773,475	S Patent 5,773,475 Issued 6/30/98 S. Kumar				
Invention: ANTICONVULS	SANT ENANTIOMERIC	AMINO ACID DERIVATIVES	U.S. PT0		
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